

## **REQUEST FOR LIVE SCAN SERVICE**

Applicant Submission					
ORI (Code assigned by DOJ)		Authorized Applicant Type			
Type of License/Certification/Perm	it <u>OR</u> Working 1	Title (Maximum 30 characters - i	if assigned by DOJ, use exact title assigned)		
Contributing Agency Information	n:				
Agency Authorized to Receive Criminal Record Information			Mail Code (five-digit code assigned by DOJ)		
Street Address or P.O. Box			Contact Name (mandatory for all school submissions)		
City	State	ZIP Code	Contact Telephone Number		
Applicant Information:					
Last Name			First Name	Middle Initial Suffix	
Other Name (AKA or Alias) Last			First	Suffix	
Date of Birth Sex	Male	Female	Driver's License Number		
Height Weight	Eye Color	Hair Color	Number (Agency Billing Number)		
Place of Birth (State or Country)	Social Security	Number	Misc. Number		
Home			(Other Identification Number)		
Address Street Address or P.O. Box			City	State ZIP Code	
Your Number:OCA Number (Agence	cy Identifying Number)		Level of Service: DOJ	☐ FBI	
If re-submission, list original ATI number: (Must provide proof of rejection)			Original ATI Number		
Employer (Additional response	for agencies s	specified by statute):			
Employer Name			Mail Code (five digit code assigned by I	DOJ	
Street Address or P.O. Box					
City	State	ZIP Code	Telephone Number (optional)		
Live Scan Transaction Complet	ed By:				
Name of Operator			Date		
Transmitting Agency	LSID		ATI Number	Amount Collected/Billed	